

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF VERMONT

Robert W. Johnson,

Plaintiff(s)

2023 OCT -6 AM 10:48

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vs.
Donald J. Trump, et al.,

**AFFIDAVIT IN SUPPORT OF
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

Civil Action No. 2:23-CV-471

Defendant(s)

I, Robert W. Johnson

being duly sworn, depose and say that I am the plaintiff in the above-entitled case; that in support of my application to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor; that I believe I am entitled to redress.

I further swear that the response which I have made to questions and instructions below are true.

1. Are you presently employed? Yes ☐ No ☒

a. If the answer is Yes, state the amount of your salary or wages per month and give the name and address of your employer.

N/A

b. If the answer is No, state the date of last employment and the amount of the salary or wages per month which you received.

N/A

2. Have you received within the past twelve months any money from any of the following sources?

a. Business, profession or form of self-employment?

Yes ☐ No ☒

b. Rent payments, interest or dividends?

Yes ☐ No ☒

c. Pensions, annuities or life insurance payments?

Yes ☐ No ☒

d. Gifts or inheritances?

Yes ☐ No ☒

e. Any other sources?

Yes ☐ No ☒

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If the answer to any of the above questions is Yes, describe each source of money and state the amount received from each during the past twelve months.

NIA

3. Do you own any cash, or do you have money in a checking or savings account?
Yes ☐ No ☒ (Include any funds in prison accounts). If the answer is Yes, state the total value of the items owned.

NIA

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes ☐ No ☒
If the answer is Yes, describe the property and state its approximate value.

NIA

5. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

NIA

6. List your monthly expenses.

NIA

7. *Note: You do not need to complete this section unless you are presently incarcerated.*

A. Have you begun other lawsuits or appeals in federal court while you were incarcerated or detained in any facility? Yes ☐ No ☒

B. If your answer to A is Yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

NIA

Defendants:

2. Court (name of the district or circuit): N/A
3. Docket Number: N/A
4. Name of Judge to whom case was assigned: N/A
5. Disposition (For Example: Was the case dismissed? If so, why was it dismissed?)
N/A
6. Approximate date of filing lawsuit: N/A
7. Approximate date of disposition: N/A

I hereby authorize the agency having custody of me to collect from my prison or jail account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. Section 1915(b)(2).

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury, and/or possible dismissal of this case pursuant to 28 U.S.C. Section 1915(e)(2).

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: Sept. 28, 2023

[Signature]
 (Signature of Plaintiff)

You must attach to this form a certified copy of your prison or jail account statement for the last six months.

CERTIFICATE

I hereby certify that the applicant herein has the sum of \$ _____ on account to his credit at the _____ institution where he is confined. I further certify that during the past six months the average of monthly deposits to the applicant's account was \$ _____, and the applicant's average monthly balance for the prior six-month period was \$ _____. I further certify that movant likewise has the following securities to his credit according to the records of said _____ institution.

Date

Authorized Officer of Institution